

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445228	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/18/2016
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NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF GREENEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

725 CRUM STREET

GREENEVILLE, TN 37743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309 SS=D	<p><b>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</b></p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation, and interview, the facility failed to complete post dialysis assessments for 1 resident (#72) of 2 residents reviewed for dialysis of a total of 30 residents sampled.</p> <p>The findings included:</p> <p>Review of facility policy, Dialysis, (undated) revealed "...Post Dialysis...Obtain vital signs of resident upon return from dialysis...Monitor shunt site on a routine basis. Notify physician if any unusual problems are noted with shunt site (tenderness, bleeding)...General guidelines...Assess for any signs/symptoms of infection...Monitor for any complications or observations at vascular access site...Document in the clinical nursing record: dialysis treatment completed, order changes, condition of shunt site, complaints from resident (if applicable), and whether physician was notified..."</p> <p>Medical record review revealed Resident #72 was admitted to the facility on 7/18/15 with diagnoses including End Stage Renal Disease, Metabolic Encephalopathy, Diabetes Mellitus, Sepsis,</p>	F309	<p>Life Care Center of Greenville is committed to upholding the highest standard of care for its residents. This includes substantial compliance with all applicable standards and regulatory requirements. The facility respectfully works in cooperation with the State of Tennessee Department of Health toward the best interest of those who require the services we provide.</p> <p>While this Plan of Correction is not to be considered an admission of validity of any findings, it is submitted in good faith as a required response to the survey conducted February 16-18, 2016. This Plan of Correction is the facility's allegation of substantial compliance with Federal and State requirements.</p> <p><u>What corrective action will be accomplished for those residents found to have been affected by the deficient practice:</u></p> <p>1) a) Resident #72 100% of Charge nurses were educated immediately on facility policy for completion of post dialysis form with each dialysis visit by the Director of Nursing on 2/18/16.</p> <p><u>How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</u></p> <p>2) a) 100% audit completed immediately on 2/18/16 by Director of Nursing/Assistant Director of Nursing of all residents who receive dialysis for completion of post dialysis assessment form. No further areas of concern were found with post dialysis assessments.</p>	4/3/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF GREENEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 725 CRUM STREET GREENEVILLE, TN 37743		
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F 309	<p>Continued From page 1</p> <p>Urinary Tract Infection, Atrial Fibrillation, Dependence on Renal Dialysis, Fibromyalgia, Hypertension, and Hypothyroidism.</p> <p>Medical record review of the Pre/Post Dialysis Communication form (an assessment used by the facility to document the pre and post dialysis condition of the resident) revealed the facility failed to complete post dialysis assessments on 7 dialysis treatment days (1/27, 1/29, 2/1, 2/3, 2/5, 2/8, 2/12/16) of 32 records reviewed.</p> <p>Observation of Resident #72 with Registered Nurse (RN) #1 on 02/18/16 at 9:17 AM, in the resident's room revealed the resident had a fistula (access used for dialysis treatment) in the left forearm. Continued observation revealed no sign of bleeding or inflammation at the access site.</p> <p>Observation and interview with Resident #72 on 02/18/16 at 9:17 AM, in the resident's room revealed the resident was awake, alert, and had no complaints related to dialysis treatment services.</p> <p>Interview with the Director of Nursing (DON) on 2/18/16 at 10:42 AM, in the DON's office confirmed the facility failed to follow their policy for "...Post Dialysis..." assessment for Resident #72 upon returning from dialysis.</p>	F 309	<p><u>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</u></p> <p>3) a) The Unit Managers and/or weekend Nurse Supervisor will audit for completion of post dialysis forms on the days resident receives dialysis. The Director of Nursing/Assistant Director of Nursing will review the audits for compliance of the post dialysis forms weekly for 4 weeks and monthly for 2 months.</p> <p><u>How the corrective action will be monitored to ensure the deficient practice will not recur:</u> <u>What quality assurance program will be put into place:</u></p> <p>4) a) Director of Nursing/Assistant Director of Nursing will present results of audits to the Performance Improvement Committee. b) The Performance Improvement Committee Consisting of Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Dietary Manager, Director of Maintenance, Director of Environmental Services, Director of Social Services, Business Office Manager, Activities Director, and Staff Development Coordinator will review the results. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p>	4/3/16	